

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
								<b>CLAIMS</b>			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	1						52				
3	1						53				
4	1						54				
5	1						55				
6	1						56				
7	1						57				
8	1						58				
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35	1						85				
36	1						86				
37	1						87				
38	1						88				
39	1						89				
40	1						90				
41	1						91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	38						TOTAL DEP.				
TOTAL CLAIMS	41						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS